

NEW CLIENT FORM

LEXINGTON VETERINARY ASSOCIATES

DENTON ANIMAL HOSPITAL

175 Haywood Street
Denton, NC 27239
336.859.2828

HICKORY TREE HOSPITAL

118 S Village Drive
Winston-Salem, NC 27127
336.775.2303

JORDAN HOSPITAL

300 Highway 64 E
Lexington, NC 27292
336.249.3991

CLIENT INFORMATION

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Employer:

SSN:

SPOUSE OR EMERGENCY CONTACT INFORMATION

Name:

Address: (if different)

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Employer:

SSN:

REFERRAL INFO & REASON FOR VISIT

How did you learn about our practice?

If referred by a friend, please print their name so we know who to thank:

Primary reason for visit:

Number of pets (please specify by type):

HOSPITAL PAYMENT POLICY:

- Payment is required when treatment is performed and before your pet is discharged.
- **No partial payments are accepted.** All charges are required in full at time of visit.
- A deposit is necessary for any hospitalized patients.

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all the charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature of client responsible for pet(s): _____ Date: _____

PATIENT HISTORY

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Please complete one form for each pet

Name: _____		<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other: _____	Neutered/Spayed? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, at what age?): _____
Color: _____	Breed: _____	Birthday: _____	Age: _____
Habitat: <input type="checkbox"/> Indoor Only <input type="checkbox"/> Outdoor Only <input type="checkbox"/> Indoor/Outdoor If indoor/outdoor, please specify: ___ % Indoor ___ % Outdoor			
Appetite: <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Erratic <input type="checkbox"/> Picky <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor			
Dry Food(s): _____ cups/day		Wet Food(s): _____ oz/day	
Treats: _____ pieces/day		Other Food/Table: _____ oz/day	
Diet: <input type="checkbox"/> Eats specific/timed meals <input type="checkbox"/> Feed free choice			
Water Consumption: <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased _____ cups/day			
Activity Level: <input type="checkbox"/> Very active <input type="checkbox"/> More active <input type="checkbox"/> Normal <input type="checkbox"/> Less active <input type="checkbox"/> Very inactive			
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you or plan to board/groom your pet?		
<input type="checkbox"/> Y <input type="checkbox"/> N	Lameness: Which leg(s)? _____ Constant Intermittent Duration: _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	Behavior: Any notable change? Describe _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	Vomiting: If yes, how often? _____ What is vomited? _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	Diarrhea: Occasionally Frequently Frequency: _____ If diarrhea present: # of bowel movements/day: _____ Type: <input type="checkbox"/> Cow Patty <input type="checkbox"/> Loose <input type="checkbox"/> Watery <input type="checkbox"/> Bloody		
<input type="checkbox"/> Y <input type="checkbox"/> N	Coughing: Occasionally Frequently		
<input type="checkbox"/> Y <input type="checkbox"/> N	Sneezing: Occasionally Frequently		
<input type="checkbox"/> Y <input type="checkbox"/> N	Wheezing: Occasionally Frequently		
<input type="checkbox"/> Y <input type="checkbox"/> N	Nasal discharge: Clear Black Pus Watery Bloody Duration: _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	Itching: Seasonal Year round Location(s) on body: _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	Fleas or Ticks? Describe _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	Flea prevention? Regularly Irregularly #months used: _____ Type: _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	Heartworm prevention? Regularly Irregularly #months used: _____ Type: _____		
<input type="checkbox"/> Y <input type="checkbox"/> N	If cat, has pet been tested for FELV ? If positive , How long ago?		
<input type="checkbox"/> Y <input type="checkbox"/> N	If cat, has pet been tested for FIV ? If positive , How long ago?		
Medications currently taking: _____			
Vaccine/Procedure History (check all that pet has received):			
DOG: <input type="checkbox"/> Distemper/Parvo <input type="checkbox"/> Bordetella <input type="checkbox"/> Rabies: date _____ <input type="checkbox"/> Lyme <input type="checkbox"/> Dental <input type="checkbox"/> Other: _____			
CAT: <input type="checkbox"/> Feline Distemper (FVRCP) <input type="checkbox"/> FELV <input type="checkbox"/> Rabies: date _____ <input type="checkbox"/> Lyme <input type="checkbox"/> Dental <input type="checkbox"/> Other: _____			